The Meaning of Care for Veterans

Marlene Z. Cohen, PhD, RN, FAAN
University of Nebraska Medical Center, College of Nursing,
Omaha, Nebraska
VA Nebraska-Western Iowa Health Care System, Omaha, Nebraska

Leeza Struwe, PhD, MSN, RN
University of Nebraska Medical Center, College of Nursing,
Lincoln, Nebraska

Barbara Swore Fletcher, PhD, RN
University of Nebraska Medical Center, College of Nursing,
Omaha, Nebraska

Eileen Kingston, BSN, MPA
Tammy Bockman, RN
Deborah Shimerdla, BSN, RN, MHA, NE-BC
Richard Harrington, BGS
Sharon Robino-West, MA

VA Nebraska-Western Iowa Health Care System, Omaha, Nebraska

Apar Kishor Ganti, MD, MS, FACP
VA Nebraska-Western Iowa Health Care System, Omaha, Nebraska
University of Nebraska Medical Center, College of Medicine,
Omaha, Nebraska

Abstract: Experiences of care shape the meaning of experience with health-care providers and are important to understand as they are related to quality of care. This hermeneutic phenomenological study describes the meaning of veterans’ experiences in a Veterans Administration (VA) hospital from analyses of interviews with 20 veterans. Caring is at the heart of what veterans valued. Veterans linked communicating, following up, and using specialized knowledge with caring. Veterans’ military and medical histories are complex and require specialized knowledge, care, and skills. Education and interventions that promote caring as perceived by veterans will improve the quality of care.

Keywords: caring; communication; specialized knowledge; following up; listening; phenomenological research
Today the U.S. Veterans Health Administration (VHA) is a recognized leader in informatics and performance improvement (Kizer & Jha, 2014). The VHA invested in collection and feedback of data on clinical processes, outcomes, and patients’ experiences as part of a program of transformational reengineering and performance improvement (Perlin, Kolodner, & Roswell, 2004). Improvements began in patient experiences, satisfaction, and quality of care and they remain top priorities at the VHA. This study aimed to understand more completely what is important to veterans in order to improve their care. International literature has shown that caring is an expectation of patients (Wiechula et al., 2016). Understanding caring is essential since it is a central focus of nursing and it shapes nurse–patient relationships.

**Literature Review**

Caring is an important ethical foundation of nursing and all health-care professions. Early recognition of the centrality of caring occurred when Madeline Leininger, Jean Watson, and a group of doctoral students gathered for the first conference to present research and reflections related to caring and nursing in 1978 (Turkel, Watson, & Giovannoni, 2018). The work that developed from this beginning has evolved and included international scholarship. International studies have also linked caring with perceived quality of nursing care (Edvardsson, Watt, & Pearce, 2017).

The Veterans Administration (VA) hospital where this study was conducted adopted Jean Watson’s caring model as the philosophy for nursing practice (Watson, 2008). Caring theory is a philosophical framework that can support the implementation of caring behaviors into a work environment. One of the basic assumptions of caring theory is that humans have a need to connect by identifying with others. “Effective caring promotes healing, individual growth and a sense of wholeness” (p. 17). Jean Watson describes 10 carative factors along with caritas processes that further delineate how the process of caring occurs. Use of these factors, and putting them into practice, can support nurses in conveying care to patients. For example, for the carative factor related to transpersonal teaching and learning, the process is to be authentically present, stay within the others’ frame of reference, and evolve to coach versus just sharing information. Another example is the assistance with gratifying human needs. The caritas process is to assist respectfully with the basic needs with an intentional conscientious of working with the spirit of another. Caring theory put into practice provides a framework to help nurses connect authentically with patients and practice in a way that veterans value.

In recognition of the importance of patient experiences, it is imperative to know how veterans experience their care. Because their perspectives are central to providing effective care, we designed this study with the purpose of describing the meaning of veterans’ experiences of care at the VA.

**Method**

**Design and Research Question**

Hermeneutic phenomenological research methods guided this study (Cohen, Kahn, & Steeves, 2000). Hermeneutic phenomenological research is a combination of descriptive and interpretive methods. These methods, based on phenomenological philosophy, are used to determine how people interpret their lives and make meaning of what they experience. This emphasis on informants’ experiences has been established as the best approach to understanding the experiences of others (Cohen et al., 2000; Geertz, 1973; Ricoeur, 1983). We used the phenomenological approach because its purpose is to understand the meaning of an experience from the perspective of persons who have had that experience (Cohen et al., 2000).

One interviewer asked veterans to discuss their experience being cared for at the VA using open-ended questions to ensure that the person being interviewed, rather than the interviewer, determined the content discussed. Veterans were asked for specific examples to illustrate general statements and were encouraged to discuss their experiences fully. The goal was to help them verbalize, that is, to clarify their own meaning and ensure that the meaning of their experiences was clearly understood.

**Sample and Ethical Considerations**

Institutional review board approval was obtained and procedures were followed. To fulfill IRB requirements and to ensure participation was confidential and voluntary, the VA provided the principal investigator (PI) with a list of upcoming appointments in a variety of clinics at the hospital. All veterans who had upcoming appointments at the VA were eligible, and no veterans were excluded. The PI sent letters to the first 25 veterans
on this list. The PI, who conducted all interviews, was a university professor with a role at the VA as a nurse researcher from a VA contract. None of the veterans knew the interviewer prior to the session. Approximately 1 week after sending the letters introducing the study, the PI called, further described the study, and made an appointment for an interview at a time that was convenient for willing veterans. Letters were sent to veterans with upcoming appointments until an appropriate number of interviews were scheduled. Of the first 25 who were called, 20 agreed to be interviewed, with 4 citing time pressure for not participating. Only one veteran said he was simply not interested. Data collection stopped after interviews with 20 veterans because the data were saturated, that is, analysis revealed no new ideas.

Data Collection
Veterans described their experience of having care at a VA. Questions were as open as possible to ensure that the person being interviewed rather than the interviewer determined the content discussed. An opening question guided interviews: “Please tell me about your illness and treatment at the VA.” This was followed by “What are the most important aspects of your care?” If the veteran spoke only about positive aspects, they were asked about negative ones, and vice versa.

Probe questions were asked to ensure that the descriptions were clear and detailed. Examples of commonly used probe questions included: “Please say more about that.” “What did that mean to you?” “How was that helpful (or not helpful)?” “How did you feel about that?” and “Please give an example of that.” Reflections of what the veterans said were used to encourage them to continue. The goal was to help them verbalize, that is, to clarify their own meaning and ensure that the meaning of their experiences was clearly understood.

Basic demographic data (see Table 1) were also obtained. Interviews ranged in length from 30 to 90 min.

Data Analysis
As is usual with hermeneutic phenomenological designs (Cohen et al., 2000), data analysis began during data collection. The interviewer verified accuracy of verbatim transcripts of audiotaped interviews. Two investigators, one of whom had extensive experience using this type of analysis, performed phenomenological analysis. These investigators began the analysis by reading each transcript several times to get a sense of each interview as a whole. In the hermeneutic circle, the researcher starts uncovering a tentative notion of the meaning of an experience using reflective awareness. This awareness leads to dialectical examination of parts of the data to understand better the whole. When the investigators understood the whole, we examined different data and compared them to the whole. All data were examined at a deeper level to understand the statements in relation to the larger context of the individual’s experience. These authors identified the themes in each transcript by examining it line by line, underlining, and labeling passages with tentative theme labels through the process of reflective awareness. We compared passages from interview text and labels, or theme labels, for each interview with passages and themes among and between all other interviews (Cohen et al., 2000). The researchers discussed the theme labels until they reached consensus. Theme labels were derived inductively from the data, not deductively from the caring science framework that we acknowledge was important to the nurses at this VA.

### Table 1. Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>95</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
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<td>75</td>
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<td>Black/African American</td>
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</tr>
<tr>
<td>Marital Status</td>
<td></td>
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<tr>
<td>Married</td>
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<td>65</td>
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<tr>
<td>Divorce</td>
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<td>20</td>
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<tr>
<td>Partnered</td>
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<td>5</td>
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<td>Single</td>
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<td>10</td>
</tr>
<tr>
<td>Education</td>
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<td></td>
</tr>
<tr>
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<td>5</td>
</tr>
<tr>
<td>High School Diploma/GED</td>
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<td>10</td>
</tr>
<tr>
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<td>4</td>
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</tr>
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<td>Some College</td>
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<tr>
<td>Service Branch</td>
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<tr>
<td>Army</td>
<td>7</td>
<td>35</td>
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<tr>
<td>Air Force</td>
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<td>10</td>
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<tr>
<td>Navy</td>
<td>5</td>
<td>25</td>
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<tr>
<td>Coast Guard</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Reserves</td>
<td>2</td>
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Rigor

Scientific rigor was supported by having all interviews conducted by one researcher, having the analysis conducted by two researchers, and having themes validated by members of the research team. All coauthors of the article reviewed the theme labels and passages, and reached consensus. Although verification of the theme labels with the interviewed veterans would have been ideal, it was not possible. Instead, veterans from the research team confirmed the accuracy of the themes and suggested implications for the VA. Interviews were conducted until data saturation was reached, meeting the standard criterion used in qualitative research (Cohen et al., 2000).

Results

Table 1 displays demographic data. The 20 veterans interviewed were mostly male (19), Caucasian (15), married (13), and college educated (17). They came from a variety of service branches: Army (7), Air Force (2), Navy (5), Coast Guard (1), Reserves (2), and 3 did not provide this information. The mean age was 61, with a range in ages from 33 to 83 years. Veterans’ service included the Korean Conflict, Vietnam Era, Persian Gulf War, and Operation Iraqi Freedom. Their service was between 1950 and 2010, and ranged from 60 days to 27 years. These veterans had multiple diagnoses. Only five had one diagnosis, and the range was from one to six diagnoses. Four had explicit mental health diagnoses, although all discussed powerful emotions such as depression and anxiety.

The analysis revealed that caring was important to them. This overarching theme of caring included three subthemes: (a) communicating, which included teaching and explaining, and listening, (b) following up, which included partnering or collaborating, and (c) using specialized knowledge (Table 2).

<table>
<thead>
<tr>
<th>TABLE 2. Themes and Subthemes</th>
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<tbody>
<tr>
<td>Caring</td>
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<tr>
<td>Communicating</td>
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<tr>
<td>Teaching and explaining</td>
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<td>Listening</td>
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<td>Following up</td>
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<tr>
<td>Partnering or collaborating</td>
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<td>Using specialized knowledge</td>
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Caring

Veterans interpreted staff members’ behaviors in the context of caring. They discussed the importance of staff who “care enough” to communicate effectively, to follow up in order ensure that they, the veterans, got what they needed, and to use specialized knowledge about unique health issues that veterans experience.

Communicating. Veterans all said that communication was vital between themselves and the health-care workers. Positive interactions increased their perception of well-being. Veterans noted that good communication between the staff and veterans meant caring to them. They also discussed many positive attributes of the staff, who were (in the veterans’ words): “professional, kind, friendly, courteous, proactive, seem happy, and caring.” Veterans noted that staff treat them as “not just another patient, call you by name, say hello, listen, pay attention, explain things, have a plan, work with you, and explain so I understand.” Two subthemes of communicating were teaching and explaining, and listening.

Teaching and Explaining

Veterans felt staff showed caring by teaching and explaining. Several veterans discussed this directly. A Navy veteran said, “I feel like they care and show compassion because they explain the symptoms, treatment, what I need to do outside the hospital, and those type of things.”

Two examples illustrate the importance of clear explanations. One veteran said, “She’s really thorough, she’ll answer my questions and she dumb it down for me so it’s not like doctor speak. She makes it so I can understand.” In contrast, another veteran gave an example of poorly explained procedure results. “I had an MRI and it showed something medical. I don’t know why they would send it to me. If they are not going to write in plain English, don’t send it to me.”

A veteran from the Vietnam era noted both the importance of being informed and the changes in the VA. He stated, “I was well informed of what was going on with me and how long it would take and they asked me if I had any questions. The last 5 years I’ve seen a great improvement in the VA system.”

Listening

Both teaching and explaining were closely linked with listening, which veterans also connected with caring:
I just think that they have, they are caring, and they are willing to listen and it is not, you don’t have a feeling of that, you know, I can only spend so many minutes with you, I have got five other patients to see type of thing. They definitely give you as much time as you need to discuss anything that is going on and they are very thorough about explaining things to you. Yeah, I am delighted with everybody I have talked to, nobody so far just seems like they shouldn’t be working here. Everybody seems like they genuinely want to be here and they care about their patients so I would definitely recommend this facility just because of that.

**Following Up.** A second theme that was part of caring was following up. Many veterans said that their primary care provider (PCP) was very good at following up and called with results if they said they would. A veteran of the Korean Conflict said:

A young gal …she is really on top of it, I mean she is concerned and she gave me her card, she says you got any problem we will get you in here, which she has, and she says we will work you in and I know they are busier than anything now… Dr. [name], young lady, she is the same way, she says if there is any problems she gave me the card and to call her or call her nurse and line up a time. She is not as flexible as the audiologist, they can kind of fit you in, but, and the group down there that takes blood, blood tests and stuff like that, all good. I mean I can’t say a bad thing about it.

Another veteran explained, “At my appointment, things click right along, if they have to send me over to x-ray they all communicate really well.”

There were a few negative comments about following up. Veterans spoke highly about My HealtheVet, the VA’s online Personal Health Record, although room for improvement with it existed: “I don’t remember my doctor’s name and there is no place to look them up and I’m on HealtheVet and should be able to see who my doctors are.”

Veterans also believed the VA health-care providers were careful and thorough:

It ... seemed like a very minor surgery but the tests they ran prior to that to make sure my heart was up for it and everything like that, I thought, man, I wouldn’t have gotten checked out that well in the private world.... Very thorough testing before they do anything and make sure there is, keeps the risk at minimum.

... they check things regularly, I guess, try to avoid any problems.

**Partnering or Collaborating**

An aspect of following up was partnering or collaborating. Veterans emphasized that getting timely follow up helped them to build and to continue their health-care provider partnership.

I had prostate cancer and when the doctor made me aware of it, they were on top of it. Because from the day I was informed, treatment was set up. The nurse at the wound center would give me the treatment and give me a follow up call at home and said are you doing all right? She would speak to my wife sometimes.

Many veterans felt that their PCP worked in collaboration with them. They felt listened to and felt things were explained well. They were happy that they saw their PCP at every visit, which helped build the connection. A Navy veteran said, “They make you feel like they are a partner in your recovery, you feel an equal partnership, you have a lot to say and don’t feel intimidated or threatened.”

Another veteran discussed this equal partnership: “They were pushing me toward one type of treatment. I didn’t want to do it and they accepted my ‘no’ as a ‘no’ and it was never mentioned again.”

Another example illustrated a veteran and the health-care provider who were not in partnership. A veteran from Operation Iraqi Freedom said, “I was going through this process to figure out my back pain and had an MRI. The nurse kept telling me ‘You had an MRI and there is nothing wrong.’ So I tried to come and see the doctor and they wouldn’t let me see her.” An outside physician later diagnosed a problem in his hip.

A veteran contributed to the information about partnering and spoke of not feeling rushed as part of the partnering process.

He allows plenty of time for somebody to speak if there is something else that is going on. I don’t feel rushed. I go in and I feel like I’m never rushed, he is there to listen to me, he definitely is concerned. He pays attention to what I say, he makes notes of everything that I need him to make notes on and he responds.

Regularly seeing the same health-care providers was important to the collaboration in care these veterans wanted with the staff members. One veteran said,
I like the aspect of having one person in charge of my health care. My PA [physician’s assistant] has been assigned to me for 2 years and he is very proactive. He allows me plenty of time to speak if there is something going on, I don’t feel rushed.

However, variations in the experiences of partnering or collaboration were also described. These variations are also important to illustrate the range of experiences. Some veterans reported negative experiences while they were seeing someone new.

I was in the ER one time with a severely swollen eardrum. And the HCP (health-care provider) was not happy with me coming in and he taught me how unhappy by using a syringe to clear out ear wax even when I told him that wasn’t the problem. The syringe was a little forcefully run into the ear.

Using Specialized Knowledge. The third theme was using specialized knowledge, which veterans described as important to improving the follow up they needed to care for their complex health. Veterans noticed differences between civilian and VA care in both positive and negative ways. In positive ways, VA staff had specialized knowledge and were very tuned into treatment for veterans’ needs. Agent Orange exposure is one example:

Lung issues that I have, they assumed that it was due to Agent Orange exposure because I have got nodules all in my lungs and what not. I decided I am getting nowhere with the civilian pulmonologist that I have been using for six years … so I just moved, had all my records sent from him to the VA … I think that the pulmonologists that work with the VA are much more apt to recognize symptomatic issues that might be related to my things.

Experiences in both the military and at the VA colored veterans’ relationships. As a Vietnam veteran said: “When somebody gets drafted against their will, you tend to be distrusting.” He added, “A lot of us vets have traumatic brain injuries, and sometimes I don’t have good short-term memory, and that is part of my problem, and I think a lot of vets share.”

All veterans described their military experience, many in great detail. This unique context is important to understand the meaning of care from these veterans’ perspective. Their prior military experiences help to shape how they view current experiences. Understanding this context is an essential component of the staff members’ specialized knowledge that was important to these veterans. One veteran described how it felt to him to be deployed more than once in the following description of his recent military experience.

With the army and the national guard deploying and redeploying and re-deploying people that were … basically reservists, putting these people in direct line of fire, direct combat. … I was scared to death and that is, your adrenal gets high and you are scared and you are thinking “oh this is it, oh I am going to be dead” but you are taking these poor men and women and you are putting them in and out of such a stressful situation for they have been deployed for about 18 months … to do that to somebody, and then to send them into direct line of fire like every other day in a convoy.

A Vietnam veteran illustrated the link between military and medical experiences:

I have lung issues due to Agent Orange. I also had treatment for post-traumatic stress disorder (PTSD). I still startle very easily, I don’t like groups, there’s a certain sense of paranoia that I have. I don’t like strangers or crowds. I volunteered to go to Vietnam, I was single and I figured if I can go, someone who is married or has kids doesn’t have to go and I always felt a little guilty because I didn’t stay in. I might of faced another tour and I came back with all my parts in the right place. There’s a certain survivor guilt.

Veterans also underscored the importance of considering their mental health:

I was having a hard time staying awake and I am not very good at advocating for myself, people at the [psychological therapy program] encouraged me to see a patient advocate but my paranoia goes towards there will be some type of ramifications if I complain so I didn’t complain. Eventually I got another doctor who diagnosed me with the narcolepsy, treated the narcolepsy, and it has since, hasn’t cured the narcolepsy, but … it’s better, I am dealing with it better. … [Now sleeping] Probably 12 hours a day, but that involves depression as well.

These veterans had multiple diagnoses, and in addition to seeking care for a variety of physical illnesses, including pulmonary problems and cancer, most used the mental health clinic for PTSD, agoraphobia, panic attacks, depression, and anxiety.
These physical and mental health problems were often complicated by difficult personal relationships, which the veterans linked to experiences in the military. They were very willing to discuss often painful experiences, and understanding these military experiences helps to provide care tailored to their needs.

**Discussion**

These veterans described caring as the heart of what was important in their health care from the VA. Three themes illustrated the caring they received. First was communicating, which included teaching and explaining, and listening, and second was following up, which included partnering or collaborating. The third one, using specialized knowledge and the need for proactive mental health, also illustrated caring and improved their experiences (Table 2). They noted that these qualities have improved over time at the VA.

Communication is essential to every interaction between people. Even though it is so important, it is often just assumed adequate. Interest in positive communication between health-care workers and patients has increased (Street, 2013). Research has shown that a decrease in the usual primary care continuity may significantly decrease the quality of patient–provider communication in a VA primary care setting (Yeaman, Kim, Alexander, Ewing, & Kim, 2013). Other research has examined the effects of computer use during the medical consultation (Street et al., 2014) and patient perception of enough time spent with the provider (Trentalange et al., 2016). These studies recommend that future research should examine training to improve patient–provider communication, as it is a factor in the patients’ satisfaction with their health care.

Much has been written in the medical literature about the decision making and factors that help or hinder the process (Joseph-Williams, Elwyn, & Edwards, 2014). Those who have to make medical decisions need to have plenty of time to think about it and not feel rushed out the door. These veterans illustrated this when they discussed the importance of listening by health-care providers who did not rush them but instead gave them the time they needed to discuss their care needs fully.

Ferguson, Ward, Card, Sheppard, and McMurtry (2013) described following up as part of patients feeling respected in a study with 18 inpatients. These patients described lack of respect when they were not involved in decision making or when physicians did not come to discussions or follow up on these discussions. The veterans in this study similarly noted the importance of timely follow-up, which included discussion that showed staff members were working in collaboration with the veterans and their families.

Specialized knowledge is important in providing care to veterans. While this is especially important in VA health-care facilities, veterans may receive care at other facilities as well. Therefore, it is important for all staff to elicit details of patients’ backgrounds that may influence their health and care needs. Deployment carries profound risks for impaired health—physical, social, and psychological. These veterans did not have mental health diagnoses as their primary problem, yet many noted issues that require that staff have specialized knowledge to deal with them. Veterans have disproportionately high rates of mental illness (American Public Health Association, 2015). Nearly half of combat veterans from Iraq report posttraumatic stress (Pew Research Center, 2011). In addition to knowledge of how to help those with mental illness, health-care providers also need knowledge of how to care for those with illnesses related to a variety of unique health-care needs that arise from military experiences, which include exposure to environmental agents, injuries from blast exposure, such as mild traumatic brain injury, impairments in family, occupational and social functioning, hypertension, and increased rates of substance abuse (Spelman, Hunt, Seal, & Burgo-Black, 2012).

**Limitations**

There are limitations to this study. Interviews were all conducted in the medical center and perhaps veterans would have been more candid away from the clinical setting. However, interviews can obtain richer data than might be obtained using questionnaires. While the veterans had some diversity, only one was a woman, and women are a growing group among veterans whose needs are important to understand. In addition, all interviews were at one medical center in the Midwest, and veterans living in other parts of the country may have different experiences. One interviewer conducted all interviews, which has a strength of being consistent, yet also has the limitation of possibly being shaped by that person’s views. The selection was a convenience sample, excluding no veterans who were willing to be interviewed, and including all who had appointments in the near future at this facility.
These veterans noted that care at the VA has improved over time, consistent with the literature about efforts that have been made at the VA (Kizer & Jha, 2014). While some negative experiences were shared, the experiences were overwhelmingly positive. Since the acceptance rate was very high for this study, it does not seem that only satisfied veterans agreed to be interviewed.

Continuous quality improvement is important as veterans and their experiences change. To fully describe experiences related to illness and treatment, eliciting feedback from patients is vital. This study aimed to understand veterans’ holistic experiences. Future work might aim to understand more specific patient-reported outcomes to measure and help interpret other important aspect of health care, such as patients’ symptoms. The Patient-Reported Outcomes Measurement Information system is one example of a way to capture patients’ illness experience and help health-care providers understand symptoms from patients’ perspectives (Spiegel et al., 2014). A variety of focused quality improvement projects have been conducted at the VA. For example, Stevens et al. (2017) examined medication safety for older veterans at VA emergency departments. Ball et al. (2017) evaluated the Veterans Choice program, which was signed into law in 2014 in response to access to care issues. They used interviews with veterans, staff, and health-care providers to evaluate processes in this Choice program. These projects are useful and underscore the importance of continuing to obtaining descriptions of veterans’ experiences in order to ensure that we are providing care that meets their needs.

Conclusions

Implications for Practice and Education

Literature about caring reflects concerns about threats to caring internationally and the link between caring, patient centered care, and positive patient outcomes. Young, Godbold, and Wood (2018) described caring behaviors among bachelors and masters students. They found a holistic, melded approach to caring in these students’ practice assessment documents, and advocated for educational activities that enhance compassionate and empathic behaviors. Students in their study emphasized adapting care to patients and to context, and other aspects of caring. These are example of educational approaches that can improve showing caring to patients.

Implications for Future Research

Future studies should include more diversity, including women veterans, and geography that is more diverse. Future studies should also examine the effects of having consistent health-care providers, with the same provider seeing veterans at each visit. In addition, future research should examine the effect of expressing care on patient satisfaction and other outcomes. In addition, this study has only the veterans’ perspective of their relationships with health-care providers. They viewed the care they received as reflecting caring relationships. Adding the perspective of health-care providers about their view of their caring relationships with veterans would be very important.

The Institute of Medicine’s seminal document Crossing the Quality Chasm (2001) described six dimensions of quality that have been accepted internationally. These include safety, timeliness, effectiveness, efficiency, equity, and patient centeredness. Beattie, Shepherd, and Howieson (2013) conducted an integrative review to define and understand quality in relation to health care. The review identified caring and navigating the health-care system as two important additional dimensions of quality.

While this study focused on the meaning of care for veterans treated at one VA, the results also show needs that nurses and other health-care providers might anticipate seeing in veterans in civilian settings. Because veterans can choose where they seek care, understanding their experiences is important to health-care providers regardless of the setting in which they practice. Veterans have complex histories, and they require specialized knowledge and skills to provide effective care. These findings also underscore the value of communication in showing care and allowing relationships to develop, which enhance perceptions of good quality care. Caring and communication have been central to nursing values and are fundamental aspects of nursing care. As President Abraham Lincoln noted in his second inaugural address, employees of the VA are privileged to work to achieve a noble mission in the Federal Government to fulfill Lincoln’s charge to care for those “who have borne the battle and for his widow and his orphan” (U. S. Department of Veterans Affairs, n.d.). Understanding the meaning of care to veterans helps all nurses provide care and fulfill this noble mission.
Meaning of Care

References


Correspondence regarding this article should be directed to Marlene Z. Cohen, PhD, RN, FAAN, University of Nebraska Medical Center, 4104 Woolworth Ave., Box 118, Omaha, NE 68105. E-mail: mzcohen@unmc.edu